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ADDISON ON THE SYMPTOMS AND TREATMENT OF DISEASE
OF THE SUPRA RENAL CAPSULES.

[Translated from the French of Dr. CHARLES LASEGUE, in the Archives Générales de Médecine, for March, 1856.]

BY R. M. HODGES, M.D., BOSTON.

WE know so little of the physiology and pathology of the supra renal capsules, that it seems almost justifiable to follow the example of Hyrtl, who, in his excellent Anatomy, says nothing about them. But if our knowledge is so very limited, its inventory will be easy and perhaps not unprofitable.

The physiology of the renal capsules is entirely conjectural. A few authors have advanced hypotheses, which others have been satisfied to repeat without endorsement. Their anatomical structure compels the belief that they must have an important function. Filled with vessels and nervous ramifications, an organ so well supplied must have its office to perform. Moreover, it is almost never wanting, its absence being one of the rarest anomalies. Some anatomists and physiologists, taking their affinity to the kidneys into special consideration, have connected them with the uropoietic system. The simple fact, so often confirmed, that the capsules never accompany the kidneys in their congenital displacements, but always retain their place, overthrows this supposition. Others, relying upon some questionable observations in comparative or pathological anatomy, have supposed there must be some connection between the capsules and the organs of generation. This, M. Rayer has shown to be but an attempt to make a law from a few chance coincidences, consisting of one observation made by Otto, another by Lobstein, who found the left capsule tripled in size in an old syphilitic patient; and of a remark made by Meckel, who says that he has seen them very large in two debauchees.

Their vascularity has suggested the idea, that in hæmatisis the capsules might perform an office somewhat analogous to that of the spleen or thymus gland. This was the view taken by Heim, and supported by Naumann. According to the latter, the capsules are to the uropoietic what the spleen is to the portal system, the venous

blood becoming in some way re-invigorated at its exit from the kidneys, by mixing with the arterial blood circulating in the capsules. This theory, like many in which imagination gets the upper hand, is enhanced in value by the addition of certain considerations on the functions of the capsules during foetal life. This hypothesis, moreover, is only a reproduction of that which Boerhaave and Vesling had already proposed and supported through one of their pupils.

Careful anatomical examination shows that the capsules have neither cavities nor excretory ducts. Rayer, and after him Huschke, have pointed out the causes which gave rise to this erroneous idea, and all those theories which associate the capsules with glands are thereby set aside.

[So seldom have the capsules been examined, it is difficult, now that attention is called to them, to say what is pathological, what *post mortem* and what natural. According to Kolliker, the medullary substance of the capsules is so delicate and of so vascular a nature, that its decomposition causes the cavity usually found after death, a separation of it from the cortical portion being easily effected, owing to its softer consistence.—R. M. H.]

The last and most recent theory is that which Bergmann has supported in a thesis, otherwise remarkable, and which he has devoted to an anatomico-physiological examination of the supra renal capsules. It had been already remarked, that in acephalous monstrosities these capsules were atrophied. Hewson first noticed this curious coincidence, and it was subsequently confirmed by Meckel, Cooper, Klein and Rayer. Jacobson, pushing this connection still further, stated that he had established the fact that the capsules were frequently altered in diseases of the spinal cord and brain. Lastly, Bergmann, the distinguished physician to the insane at Hildesheim, reported in the *Journal d'Anthropologie* two facts of similar import. One was the case of a little girl, two years old, dying with four tumors in the brain of an encephaloid look, and two in the lungs, and whose supra renal capsules had become membranous (*étaient devenus comme membraneuses*). In the other, in which there was softening of the brain, a medullary deposit was found in the two renal capsules. The younger Bergmann, relying on the observations of his father and upon their anatomical structure, declares in his thesis that the capsules are nothing but nervous ganglia. There is, probably, he says, no other organ so rich in nerves. There must be an intimate relation with the brain, and an indirect connection with the par vagum is established through the sympathetic. According to him, their structure is identical with the brain and spinal cord. Subsequent micrographic research, incomplete though it is, has not, however, confirmed a view that but few have followed, and to which we have alluded only because it is ulterior to those previously mentioned.

[Dr. Laségue is hardly correct here, for Kolliker says he cannot but adopt the theory that there is a connection between these organs and the brain; the caudate cells, found especially in the medullary

portion of their structure, remind one so much of nerve cells, and that they are entirely different from those of the thymus or thyroid with which they are ordinarily associated. He has counted as many as thirty-three nervous trunks entering one capsule. The anatomical relationship of these bodies with the solar plexus is remarkable, and it was on account of it that Wharton gave them the name of *glandulæ ad plexum nervium*. Dr. Gall, an English physician, has also pointed out a close resemblance between the pineal gland and the supra renal bodies both in minute anatomy and in liability to calcareous deposit.—R. M. H.]

Finally, must be mentioned one more observation, ranked at first amongst the most insignificant, but which the researches of the present day bid fair to raise from its unappreciated position. Cassan remarked, long since, that the capsules were much larger in negroes than Europeans. Meckel observed the same in a negress. This fact was interpreted in favor of the theory claiming a physiological relationship between the capsules and the genital organs; negroes, as is well known, having the latter largely developed. Perhaps the enlargement of the renal capsules, if it is true, should rather be connected with the secretion of pigment, and the observation of Cassan will to some extent bear upon those presently to be enumerated.

Our physiological knowledge is reduced to these incomplete views. The pathology is no less unsatisfactory. A few solitary and disputed facts, scattered among collected cases, comprised all that was known, when M. Rayer undertook the arrangement of these observations and completed them by examples more accurately drawn up. His article (*Recherches anatomico-physiologiques sur les Capsules surrénales. L'Expérience*) was published in 1837, and since then our information has made no progress.

The original cases included in Rayer's monograph are three in number, and are all of apoplexy of the capsules. In the first, the patient, 75 years old, was the subject of a large tumor in the right side. An enormous apoplectic effusion had distended the right supra renal capsule. The kidneys were pushed downward and distorted. We shall refer to this case again. In the second case, the patient, 68 years old, after prolonged ill health, died of some pulmonary trouble; one single point of effused blood was found in each capsule, accompanied by an inflammatory alteration of the kidneys. The third case is that of a new-born child, with a large umbilical hernia. Here, also, was found hæmorrhage into both capsules. Notwithstanding the similarity of the lesions, the diversity of symptoms was such that the author finished his description in the following words. "It is useless to say that the diagnosis of apoplexy of the supra renal capsules will long present insurmountable difficulties. The only possible case where this alteration could be recognized during life, would be where one of these little organs, distended by blood, should cause a tumor appreciable to touch and percussion, and where careful analysis of symptoms and

history should exclude any affection of the liver, spleen, kidney or lumbar portion of the large intestine."

More mention is made of the other changes to which the capsules are liable; these are, inflammation, tubercular degeneration, twice seen by Louis, once by Andral; cancer, which Rayer has never found in the capsules unless it also existed in the kidneys, but which has been observed isolated by other observers; and lastly, atrophy and hypertrophy, the single point, says our author, offering any interest in the history of their diseases. After enumerating these various lesions, the learned author appends the same remark that he did to apoplexy, and concludes that inflammation and degeneration of the capsules, almost always consecutive to changes of a similar nature in the neighboring tissues, give rise to no special symptom which can lead to the recognition of the disease during life.

It would be unjust not to mention, in connection with the important work of Rayer, the learned description given by Naumann in his manual, and in which, for want of personal observations, he relates a curious case, published by Ruppius, of encysted dropsy of the supra renal capsules; the cyst rupturing, the effusion of its contents was followed by rapidly fatal peritonitis.

Such was the condition of science. Comparative and pathological anatomy had been successively appealed to as likely to throw light on the subject. The chances of Fortune were fallen back upon, and Fantoni advised physicians to carefully examine these organs in the hope that by chance some peculiarities might be found, likely to throw light upon their uses. *Fortasse insolitas res animadvertant quæ lucem aliquam ad investigandum eorum usum offere quæant.* Finally, the discouraging but true declaration was made, that the study of degeneration of the renal capsules offers up to the present date but little interest, and may therefore be passed over by pathologists without any inconvenience.

The monograph recently published by Dr. Addison (On the Constitutional and Local Effects of Disease of the Supra Renal Capsules: London, 1855), with its unexpected conclusions, has awakened the interest and recalled the attention of pathologists to the diseases of the renal capsules. For this alone the great work of Addison claims, if not entire repetition, at least a careful abstract. If, at the outset, it does not answer every question; if it leaves a host of problems as the result of the observations, it is none the less true that it opens a new field where others certainly will labor with reward. Dr. Addison is no tyro in science; his experience entitles him to speak with authority and compels serious examination. Senior physician of Guy's Hospital, for many years professor of clinical medicine in that institution, he has made himself known by interesting memoirs, published separately or inserted in the reports of that Hospital, and was honorably chosen by Bright as fellow laborer in the publication of his "Elements of the Practice of Physic." His work, wholly the result of his own observation,

confining itself closely to facts, unencumbered by learned researches or hypotheses, would inspire confidence even if further experience had not added proof, and if others had not since confirmed its first inferences.

As is always the case, a round-about way led Addison to the results he has arrived at, and he himself points out the course he pursued. He had long been struck by the existence of certain forms of general anæmia, originating without appreciable cause, independent of hæmorrhage, diarrhœa, chlorosis, purpura, disease of the kidneys or spleen, or those of a miasmatic, glandular, strumous or malignant nature, and which might be called idiopathic; coming on in every case with the same general characters, following the same course and terminating almost invariably in death; belonging to both sexes, more frequent in middle life, and occurring especially in those predisposed to great development of the adipose tissues; answering to the description of all severe and confirmed cases of anæmia, affecting both the physical and mental functions, but without inducing the emaciation of a special cachexia.

The most careful autopsy revealed no lesion capable of producing such consequences. The development of fat was alone so constant a symptom as to suggest the idea of a sort of fatty degeneration. For example, in one of the most striking instances, the heart had become fatty, and part of the solar plexus and semilunar ganglion had undergone the same change. These facts were observed prior to the researches of Bennett and Virchow on leuchæmia, and the blood was not analyzed with reference to the proportion of white corpuscles.

Studying these inexplicable general conditions, which surely merit the attention of pathologists, Dr. Addison endeavored to separate some definite symptom, independent of the causes ordinarily assigned. At this period he was far from supposing any lesion of the supra renal capsules, and his attention was directed anywhere but to this particular point. Observation led him to distinguish one special form, characterized like the others by anæmia, general languor, debility, remarkably feeble action of the heart, and irritability of the stomach, but above all by a peculiar change in the color of the skin. The last symptom was so strange and marked as to become characteristic. A distinct class was thus made out; the cause, or at least its connection with some constant organic lesion, remained to be determined. Addison resumed his investigations, and in following out a new series of anatomical and pathological researches, discovered that this form of anæmia depended upon disease of the supra renal capsules.

This singular affection, characterized by general disturbance of the system and the alteration of an organ hitherto deemed perfectly insignificant, begins like other anæmic affections. Its commencement passes unheeded, and the patient can hardly tell how many weeks have elapsed since he began to feel unwell. The progress is however more or less rapid, according to the individual attacked. In

some cases it is so rapid that a few weeks suffice to produce a complete alteration of the health, or even compromise life. In most of those collected by Addison, the health gradually failed, the patient becoming languid, weak, incapable of physical or mental exertion and had little or no appetite; the sclerotic turned blue, the pulse became small and feeble, or full, but soft and compressible, and the patient wasted away, though without the dryness and wrinkling of the skin, or that extreme emaciation which ordinarily follows malignant diseases of long duration. There was pain, or at least uneasiness, at the epigastrium, with repeated and persistent vomiting, and not infrequently marked indication of deranged cerebral circulation. In spite of these symptoms, so plainly indicative of deficient circulation, anæmia and general disturbance, the most careful examination reveals no positive symptom, and throws no light on the precise nature of the disease. In spite of patient and repeated research, no special lesion can be discovered to explain the gradual but complete change which has taken place in the constitution. A malignant or strumous disease, or one connected with hæmato-sis, might reasonably be suspected, but no traces of an organic change can anywhere be detected. The spleen, thyroid, thymus, or lymphatic glands are not enlarged, nor can we date back to any antecedent or miasmatic disease; or any of the various known cachexias. These negative symptoms and the characteristic color of the skin, so marked as to have attracted the notice of the patient or at least his friends, alone betray the history. This specific discoloration, confined to no one part of the body, is ordinarily more apparent on the face, neck, upper extremities, penis, scrotum, axilla and about the umbilicus. It is of a dingy hue, varying between the shades of light brown and those of umber or bistre. In some cases the skin is so brown as to give the patient the appearance of a mulatto, and sometimes the discoloration, instead of being uniform, occurs in spots, so that the surface of the body is, as it were, marbled. Addison quotes instances where certain parts of the skin are not only whiter than natural, but of such a dead white that they must either be free from disease and thrown into relief by contrast, or, what is more probable, there must be in these spots a pathological absence of coloring matter. This irregular distribution of pigment is not limited to the external surface; it is found in certain internal membranes, and in one instance Addison says he found brownish spots on both the skin of the abdomen and the surface of the peritoneum. These spots, figured in one of his plates, are the size of petechiæ.

As the disease progresses the discoloration of the skin becomes more apparent; the anæmic condition, languor, loss of appetite and feebleness of the heart's action increase; a darker line is drawn about the lips, the pulse becomes softer and more feeble, and the patient fails, though, as above remarked, without much emaciation; sinking gradually, without pain or special complaint, till death occurs from mere exhaustion. In one case where the attack and progress of the disease was acute, the discoloration and marbling of

the skin was very marked, the anæmia extreme, and nausea and vomiting obstinate; but the pulse continued full and compressible, and excitable under the least emotion. Death ensued rapidly.

"My experience," says Addison, "though necessarily limited, obliges me to consider the disease as frequent, and one which, when we shall have become familiarized with its symptoms and progress, will lead us to discover instances which in the present state of knowledge pass unheeded or undetected. I am satisfied that if a partial disease of the supra renal capsules gives rise to a condition and symptoms too equivocal to authorize a confident diagnosis, a more extensive lesion produces a group of phenomena sufficiently well marked to make us not only suspect the source, but even confidently affirm that it depends on a disease of the capsules. When the pathological alteration of these organs is acute and rapid, I believe that the anæmia, prostration and peculiar discoloration of the skin pursue a similar course. In every case, whether acute or chronic, when the disease has included the whole of the two capsules, death has been the inevitable result."

Though so discouraging a prognosis excludes any consideration of treatment, it is only an additional reason for endeavoring to establish the diagnosis at the outset, and not to wait till too late for commencing any proposed method of treatment. Addison lays great stress on the necessity of the early recognition of the disease, though he does not conceal the obscurities that lie in the way of diagnosis.

[Iron, cod liver oil, quinine, tonics and iodide of potassium seem to have been generally relied upon for treatment. There being some reason to consider the disease as of an inflammatory nature, a mild mercurial course, in connection with a nutritious, but not stimulating diet, has also been recommended. In none of the cases reported does there seem to have been any very active medication, and but little is said of remedies, so unsuccessful have been the results.—R. M. H.]

The distinctive symptom is evidently the brownish discoloration of the skin. This must guide the physician, as it has already guided the discoverer. But at the outset the bistre color is slight, and afterwards it confounds itself with the straw color common to anæmia. We can depend only upon the method of exclusion. The anæmic condition, such as described, once determined, lesion of the supra renal capsules must not be admitted as an efficient cause, except when all other possible causes of anæmia shall have been found wanting. Howmuchsoever it is to be regretted that we cannot, in our present state of information, recognize this disease at its commencement, it is no trifling thing to have separated and described new and distinct facts in the numerous and complicated classes of symptoms comprised in anæmic conditions. It is curious, moreover, that the most remarkable medical discoveries of the present century, from that of Bright's disease down to leuchæmia and disease of the supra renal capsules, should occur in the same general class of affections hitherto comprised among the anæmic cachexies.

Such being a sketch of the symptoms and prognosis, we have only to enumerate the alterations in the capsules constituting the morbid anatomy of the disease. It has been already stated that Rayer called attention to apoplexy and the consecutive dilatation of the renal capsules. He reports no case, occurring in his own practice, in which they were otherwise affected. He merely quotes a few instances of tuberculous or cancerous affections, and says he has never met with the latter in the capsules except when it involved the kidneys also. It is singular that in all of Addison's cases there is not one of apoplexy; once only the capsule was distended by effused blood, in connection with a tubercular disease; a tuberculous mass completely arresting the circulation in one of the largest veins, hæmorrhage occurred from a rupture behind the obstacle. The remaining cases are made up of obscure and doubtful instances of fibrous, cancerous and tubercular degeneration, with and without similar deposits in other organs. In most of the cases the kidneys were healthy or but slightly changed, the whole number being too small to authorize absolute conclusions.

[To be continued.]

ETHERIZATION IN NERVOUS OR VITAL SHOCK.

BY H. HATCH, M.D., BURLINGTON, VT.

[Communicated for the Boston Med. and Surg. Journal.]

MESSRS. EDITORS,—The influence of etherization in preventing nervous or vital shock, from severe surgical operations, is, I suppose, a fact well established in the minds of experienced surgeons. But whether the shock, already induced by a severe injury, can be relieved by the same means, and the nervous system quickly restored to its normal condition, is a question which I have not seen discussed, nor has my limited reading brought to my notice any published facts having a direct bearing on this important subject.

The following case, which occurred in my practice some months since, seems to me to look somewhat in that direction, and the result was so unexpected and satisfactory to my own mind, that I am induced to offer it for publication, if you deem it of sufficient interest to deserve a place in the Journal.

Mr. B., aged about 27, an industrious mechanic of good habits, was tending a planing machine, in which the cylinder, holding the knives, worked on the under side of the board to be planed. While removing, with his left foot, the shavings accumulated under the machine, the boot was caught by the revolving knives, and, before the machine could be stopped, the foot with the boot and more than half the leg below the knee were torn into fragments.

I saw the patient very soon after the accident. Considerable blood had been lost, and it was still oozing freely from the lacerated stump. He was blanched and faint, complained of pain, and was restless. The skin was cold and moist, and the pulse extreme-

ly feeble. He was removed immediately to his boarding house; warmth was applied; opium, morphine, brandy, &c., were administered freely, with no perceptible effect. As the bleeding continued and was partly arterial, the tourniquet was suggested and applied. He still moaned and complained of pain, which was probably increased by the tourniquet. He continued in this condition for two or three hours, taking brandy and morphine freely, with little or no change. Etherization was now suggested to relieve his pain and restlessness. He commenced inhaling sulphuric ether, and very soon ceased to moan, and, much to our gratification, we found the pulse rapidly improving; so that in about twenty minutes from the commencement of the inhalation, reaction was so far restored, that we had no hesitation in proceeding at once to amputation. He was now brought fully under the influence of the ether, and the limb was removed below the knee. He bore the operation well, lost but little blood, the pulse continued good, and he had a favorable recovery.

Burlington, Vt., Sept. 3d, 1856.

SCARLET FEVER.

BY CALVIN G. PAGE, M.D., ONE OF THE VISITING PHYSICIANS OF THE BOSTON DISPENSARY.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I have thought that an account of an epidemic of scarlet fever, occurring principally in my dispensary practice (most of the cases being in Ward V.), would not be uninteresting to the readers of the Journal.

The whole number of cases was 53. Recovered, 47; died, 6. The first case was seen on May 26th, the last on August 12th. Of the 6 deaths, 4 were from the disease proper, 2 from the sequelæ. The 4 who died from the disease proper, had all previously experienced convulsive attacks of some sort; 3 of them died within 24 hours of the commencement of the attack, one in 36 hours, in convulsions. In 3, the eruption suddenly disappeared. In 1, it assumed the purple color of scarlatina maligna. Of the deaths, 5 were those of boys; 1, a girl.

Two cases of subsequent dropsy recovered under the free use of hock wine, first recommended (I think) by Dr. John Ware. In one case of recovery, in which convulsions took place, some very remarkable phenomena occurred; the child, which had so far recovered as to be able to sit at the table with the family, was suddenly seized with paralysis, affecting the whole trunk and limbs. This soon passed away. He was then seized with hemiplegia. He was placed at once (by direction) in a hot mustard bath. In about six hours this attack passed away, and was soon followed by paraplegia, for which the same treatment was used, and from which he

entirely recovered at the end of twelve hours. He was very weak after these attacks, but recovered his strength rapidly.

Varicella was present at the time of the attack in 6 cases. The scarlatina, which was mild in 5 of these cases, did not seem to interfere with the varicella. In the 6th case, where the rash was more severe, the varicella remained stationary until the rash began to disappear, when it resumed its course, and the scars left by it were larger and deeper than usual.

It is hardly necessary to give a detailed report of any individual case. Nausea, and frequently vomiting, ushered in the attack. Chills, I think, must have occurred in most cases, although not noticed by parents, except in three instances. The rash appeared on the second day in all the cases, except one, in which it appeared on the third day, and was very scanty, being noticed only about the pelvis and thighs.

Treatment.—Frequent sponging, as often as once an hour, with cold water, saleratus water, &c., was always insisted on, and seemed the only thing that really gave any relief to the little patients. Small doses of ipecac, from one fourth of a grain to a grain, were frequently given. Chlorate of potash was used freely for the sore month, but without the benefit expected from it. In cases of simple stomatitis its powers are well known; but with me in scarlatina it certainly failed. The prophylactic power of belladonna was tried without success, and finally abandoned as useless. Perhaps a longer trial, under more favorable circumstances, might have produced a different result. In some mild cases no treatment whatever was used, except bathing. They did as well as those that took medicine.

In reviewing these cases, we notice, that all who died had previously had convulsive attacks of some kind. This may be an accidental coincidence, but it is certainly a remarkable one.

A question of practical importance also suggests itself, viz., Have we any reliable treatment for this disease?

Boston, September, 1856.

Case of Fissure of the Palate.—Prof. MILLER, at a meeting of the Medico-Chirurgical Society of Edinburgh, related the case of a young woman, whose mouth was minutely examined by various members. The chief interest in the case, was the fact of the fissure being three fourths cured by the employment of the means lately recommended by M. Cloquet, a notice of which appeared in the *Monthly Journal* for May, 1855. The plan is very simple. It is to cauterize the angle of the fissure to a very limited extent, and then leave the part to cicatrize—the object to be gained being the gradual closing of the fissure by the necessary contraction of the cicatrix. Mr. Miller declared himself well satisfied with the progress of the case, which promised a speedy cure.—*Edinburgh Med. Journal.*

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION.
BY W. O. BROWN, M.D., SECRETARY.

SEPT. 1st, 1856.—The following case of *resuscitation after submersion* was reported by Dr. COLLINS.

A boy 12 years old, unable to swim, while bathing in a mill pond, stepped from shallow water into the old channel of the stream, where the water was about ten feet deep. He was unable to regain his footing, and after making vain efforts sank to the bottom. A young brother upon the shore, seeing his condition, ran for his uncle whom he knew to be near. He had to run about twenty rods. The uncle returned with him, and found the water still. The place was pointed out to him where the lad was seen to sink; it was at a little distance from the shore. He swam to it with his clothes on, and discovering the body lying upon the bottom, he dove down to it, but was unable to bring it up. He dove a second time, and again failed. He then swam to the shore, stripped off all his wet clothing, and returned to make a third trial, in which he was successful, and took the body to the shore. The time thus occupied can only be conjectured. I think it could not have been less than three minutes, and more probably five, or more. The man reported it himself to be fifteen minutes. The efforts at resuscitation were not directed by scientific skill; they were, however, happily successful. They were applied *immediately*, and consisted in holding him up by the heels with the head down, and then wrapping him in a blanket, and applying such a thorough rubbing as a half dozen excited Irishmen could give. This continued some time; but finding no signs of life, they proceeded to carry him to a house about fifteen rods off, and in lifting him over a fence he gave the first sign of returning vitality. After getting him into the house, the frictions were continued, and as soon as he could swallow, some brandy was given.

I saw him about seven hours afterwards (he had, in the mean time, been seen by another physician). He had vomited; his pulse was then 120; respirations 40, short and labored; tongue dry; pupils dilated; injection of the eyes, with patches of ecchymosis beneath the conjunctivæ; some delirium.

The following morning he was better, and he recovered in a few days, without any unfavorable symptom, and without further treatment.

There are but few well authenticated cases on record where resuscitation has been effected after so long total submersion as this must have been. In the Report of the Royal Humane Society for 1840, there were two cases given of resuscitation after one minute and a half; and two cases after three minutes' submersion. Mr. Woolly, a medical assistant of the same Society, has met with only one case in the records of the Society, in which the individual was resuscitated after a submersion of *five minutes*. Dr. Taylor states, "In numerous experiments on drowned animals I have never found that life could be restored after the animal had been entirely submerged for the space of four minutes."

Was the resuscitation in this case due to the rubbing? Dr. Taylor, in his work on Medical Jurisprudence, page 531, Am. Ed., says, that "much difference of opinion exists on the propriety of introducing air into the lungs by artificial process. Mr. Woolly" (spoken of above), "who has had considerable experience in the treatment of the drowned, denies its efficacy, and says that in cases in which he had been successful in resuscitating

them, he had not inflated the lungs." This evidence is corroborated by Dr. Douglass, in a remarkable case of resuscitation, in which "inflation of the lungs was tried, but not persisted in. as, while it did not appear to be attended with any good effect, it interfered with the rubbing on which the greatest dependence was placed."

[An article by Dr. Marshall Hall, in the *London Lancet* for March 1st and April 12th, 1856, contains some interesting remarks relating to this subject. He comments upon the rules of the Royal Humane Society for treating asphyxia, and particularly upon the absurdity of at once taking the body, perhaps some distance, to the nearest house, covering with blankets, applying external warmth by bottles of hot water, &c., or, "better, by the warm bath"! He says, "1st, If there be one fact more self-evident than another, it is that artificial respiration is the *sine qua non* in the treatment of asphyxia, apnœa, or suspended respiration. 2d, If there be one fact more established in physiology than another, it is that within just limits, a low temperature conduces to the protraction of life, in cases of suspended respiration, and that a more elevated temperature destroys life. This is the result (?) of the admirable, the incomparable, work of Edwards." (Dr. Marshall Hall's Rules will be found on the last page of the present number of the Journal.—Eds.)

It seems to us, that, in several important particulars, the *Hibernian treatment* of the case, reported by Dr. Collins, not inaptly corresponds to that directed by Dr. Marshall Hall. The patient was treated at once, on the shore; any fluid was suffered to flow from his mouth; being undressed for bathing, his skin was exposed to the action of the open air; friction, by promoting the circulation, was one of the best means of arterializing the blood, particularly as in the repeated turning of the body for this purpose, air would probably gain access to the lungs.

It might have been mentioned that, by accurate measurement, it was found that in turning the dead body, as directed by Dr. Hall, from twenty to thirty cubic inches of air were received and expelled from the lungs at each rotation.—SECRETARY Prov. Med. Association.]

Bibliographical Notices.

Sea-Sickness: Its Causes, Nature, Symptoms and Treatment, derived from Experience and Observation. By M^L. NELKEN, Doctor Medicinæ of the Faculty of Medicine in Paris, France; of the Faculty of Medicine in Wurzburg, Bavaria; and Resident Surgeon in the New York State Hospital, Ward's Island. New York: Stringer & Townsend. 1856. Pp. 32.

THIS is a very well-printed *brochure*, and the author has described the distressing malady which forms its subject with clearness and in good style; he seems to have taken no little pains to observe facts and to note the effects of remedies. To the enforcement of cleanliness on board the ship to which the author was attached, he ascribes (doubtless correctly) the entire exemption from cholera enjoyed, at a time when cholera "was raging in many other vessels."—(p. 9.)

The sufferings from sea-sickness, when only experienced slightly, or for a short time, are usually the subject of mirth to those unafflicted, as may often be observed on fishing excursions, &c. When, however, as often happens on the ocean, the affection is serious and prolonged, an alarming state

of prostration may be induced, in certain rare instances even having a fatal termination. We have ourselves seen females, at the end of a three weeks' passage across the Atlantic, so reduced that they were obliged to be carried on shore, on a mattress—no nourishment having been borne by the stomach, for any length of time, during the voyage. Anything that *relieves*, even, is welcome to the victims of this horror of sea-travellers.

The suggestions as to treatment are but short ; but when it is considered that, generally, there is little or no treatment at all, we cannot reasonably look for a large array of means. Dr. Nelken found morphine effectual in obviating giddiness and nausea ; " in many cases," he used it " with entire success." It required repetition, however, in from 12 to 24 hours. We observe that Dr. N. does not mention the use of *creosote*, for the nausea which persists with so many for days or weeks after the first evacuation of the contents of the stomach. From personal experience, and trial in the cases of others, we can speak well of its effects. Upon one voyage, after taking it once or twice during one day, we were wholly relieved ; upon another, not having any of the remedy, the nausea lasted for many days. The same experience, we believe, has been elsewhere noted. The *recumbent posture* is referred to by our author. This has become well known to voyagers ; and some persons, at sea, almost never assume any other position.

We consider the observations upon regimen judicious ; the starving process, sometimes rigidly followed, is condemned, very properly. On the other hand, with the writer, we would advise moderation. In respect to lemon-juice, whether used direct from the fruit, or squeezed into drinks, while it is very "grateful and much enjoyed by the sea-sick," we believe that its after action is irritable and likely to prolong the difficulty. We have observed this with a frequency which leads us to demur to Dr. Nelken's placing " lemonade or tartaric or citric acid in a tumbler of sweetened water " and "*ad libitum*" discretion in its use, at the head of his *Formulary* of remedies. Several formulæ are given, well enough suited to the purposes they are intended to fulfil.

Certain opinions in regard to the nature and cause of sea-sickness are given from other writers, all more or less fanciful and labored. We conceive that the sudden and entire change of position ; the constant, unequal and swinging motion communicated to the entire body, is enough to derange brain, stomach, liver and bowels ; and this is the cause assigned, by our author. That this motion, so unnatural to the majority of mankind, is the essential cause of the malady, seems proved by the fact that in nearly all persons the latter disappears or is only trifling when they *become accustomed* to it—or "get their sea-legs on," as the phrase is. Many cannot ride with their backs turned to the horses, especially in a close carriage, without getting faint and sick ; often vomiting. The *mode of progression* is unnatural, it is not progression properly ; if they *face* the horses, the sickness disappears. Perhaps if they rode always, or long enough, backwards, they would at last find by practice little inconvenience.

Dr. Nelken does not think that "one soon becomes accustomed to sea-travelling." He says, "people with a real predisposition to sea-sickness are liable to be affected every time they go to sea and encounter rough and stormy weather." He also alludes to the fact that *sailors* occasionally, and for a series of years in certain cases, are liable to be attacked at the beginning of every voyage. This we have also been told, by sailors. The instances must, we believe, be rare, after several voyages ; and we reite-

rate our opinion that, if passengers were only long enough at one time, or frequently, upon the ocean, *habit* would in nearly every one work a cure.

The author notices the exemption of children under 2 years of age from attacks, and also refers to the fact, which we have also witnessed, of the occurrence of the affection in certain animals. Those believed to be never afflicted are hogs, ducks and geese.

We have noticed only the main points presented for consideration. While it is doubtless true that much remains to be discovered relatively to this disease, we can recommend the perusal of this pamphlet to all; and it will prove a useful companion to the ship's medicine-chest, particularly when no medical man is on board. An article from the *New York Daily Times*, on the Emigration Passenger Laws, closes the volume, as an Appendix.

Human Physiology. By ROBLEY DUNGLISON, M.D., LL.D., Professor of the Institutes of Medicine in Jefferson Medical College, Philadelphia; Vice President of the American Philosophical Society, &c. &c. With five hundred and thirty-two Illustrations. Eighth Edition, revised, modified and enlarged. In two Volumes. Pp. 1484 (Vol. I. 729, Vol. II. 755). Philadelphia: Blanchard & Lea.

So rapid is the advance in physiological acquirement, at the present day, that new editions are almost new works; and no slight labor is imposed upon those who would keep their treatises "up to the times." Nothing goes out unfinished from Dr. Dunglison's hands; the amount of research and effort requisite to remodel a work upon Physiology and fit it for an *eighth* introduction to the profession, may be comprehended by an examination of the two handsome volumes just given to us by Messrs. Blanchard & Lea. In the words of Haller, our author announces his motto, "*Vastissimi studii primas quasi lineas circumscripsi.*" But we think he has done more than merely to go about the borders of, or trace certain lines through, the vast domain of physiology; there is abundant evidence of untiring study and recondite investigation; and both neophytes and veterans may be instructed and delighted.

While we are unable, even were it necessary, to do more than refer to certain interesting and important topics; we believe that it can truly be said, no more complete repertory of facts upon the subject treated, can anywhere be found. The author has, moreover, that enviable tact at description and that facility and ease of expression which render him peculiarly acceptable to the casual, or the studious, reader. This faculty, so requisite in setting forth many graver and less attractive subjects, lends additional charms to one always fascinating.

Amongst the countless points of value to the professional reader, we would mention the *collectanea* and original remarks upon Circulation, Nutrition, Secretion and Generation. To the latter subject and its collateral branches, a very large portion of the second volume is appropriately devoted; and everything of importance is elicited by the indefatigable author.

The general reader, also, cannot fail to be edified and pleased by the descriptions and theories relating to Vision, Hearing, Sensation, the doctrines of Phrenology, the Voice and its uses, Music, Attitude and Gesture, &c.

We have been glad of the opportunity to read many portions of these volumes; and, by instalments, anticipate future gratification from them. The large number of admirably executed illustrations materially enhances the value of the work; and in most instances these are really indispensable. The volumes must meet with a large sale.

Medical Jurisprudence. By ALFRED S. TAYLOR, M.D., F.R.S., Hon. M.D. Univ. St. Andrews, Fellow of the Royal College of Physicians, and Lecturer on Med. Jurisprudence and Chemistry in Guy's Hospital. Fourth American, from the Fifth and Improved London Edition. Edited, with Additions, by EDWARD HARTSHORNE, M.D., one of the Surgeons to Wills Hospital, &c. Philadelphia: Blanchard & Lea. 1856. pp. 697.

THE rapidity with which this work has gone through five English, and three American, editions, sufficiently proves the high estimation in which it is held. The profession is already so familiar with it, that no extended presentation of its merits is required at our hands. Not long since, in noticing the admirable and copious work on the same subject by Messrs. Wharton and Stillé, we took occasion to remark the too frequent neglect which medico-legal studies meet with at the hands of medical men. It would seem, however, that this is an evil which must soon be remedied, for, while the necessity for the acquisition of information in this department of medical science must every day become more apparent, it surely cannot be said that the *means* are lacking by which it may be obtained.

No one who will examine Dr. Taylor's work, will find it dull and profitless in perusal; on the contrary, if we mistake not, an interest will be awakened not to be satisfied with a cursory "looking-over" the pages. As a collection of sound laws for medico-legal procedures, of facts ratified by the severest and most faithfully applied tests, and as a record of facts and cases which must remain as pillars of evidence, we know nothing superior to this volume. The reputation of the accomplished author is world-wide; and in this edition, every thing of importance has been added, since the last issue of the work, to render it a complete manual, and one within every practitioner's means to procure.

Dr. Hartshorne has discharged the duties of an editor with modesty, efficiency and good taste. His additions, so far as we have examined them, are interesting and important; and we are confident that practitioners in this country will accord to him their sincere thanks for placing this valuable work within their reach.

Messrs. Blanchard & Lea have issued the volume in excellent style. For sale, in Boston, by Sanborn, Carter & Bazin.

On Diseases of Infants and Children. By FLEETWOOD CHURCHILL, M.D., &c. &c. Second American Edition, enlarged and revised by the Author. Edited, with additions, by WILLIAM V. KEATING, M.D., A.M., &c. &c.

THIS new edition of the work of a favorite author comes to us with its value greatly enhanced, not merely by being carefully revised throughout, but also by the addition of several entire chapters; on Atelektasis Pulmonum, Pulmonary Phthisis, Tabes Mesenterica, Œdema of the Cellular Tissue, Typhoid Fever, and Infantile Syphilis. The volume is a most valuable addition to this department of medical science.

We regret, however, that neither our author nor his accomplished editor, should have even referred to the admirable paper, by Dr. John Ware, upon the subject of croup, which was published in 1842 in the "New England Quarterly Journal of Medicine and Surgery," and entitled "Contributions to the History and Diagnosis of Croup." That communication produced a new era in the treatment of the disease by the physicians of this city. In connection with the topical application of the nitrate of silver to the inflamed fauces, the medicated aqueous vapor has, since then, been very generally employed, continued, in some instances, two or three days, uninterruptedly;

and several cases have occurred amongst us of successful termination, where the most alarming symptoms had existed, and death seemed inevitable. In a word, it may be remarked, that the management of cases, even where false membrane is present, is undertaken with much less of that depression which unavoidably weighs upon the spirit, while watching, hopelessly, irremediable disease.

D. H. S.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, SEPTEMBER 18, 1856.

THE SHIP JANE H. GLIDDEN.

THE *Daily Advertiser*, of Sept. 11th, contains a letter from the owner of the ship Jane H. Glidden, in reply to some remarks which appeared in the Boston Medical and Surgical Journal of Aug. 28th. We have no intention of entering into any controversy on the subject of Yellow Fever and Quarantine. Our views on this subject have been freely expressed, and we do not know how we can make them more plain than in our article of the 28th. We may also add, that we entirely agree in the opinion of the Consulting Physicians of the City of Boston, as contained in their communication of Aug. 19th to the Board of Health, which was printed in the daily papers at the time, and in this Journal of Sept. 4.

There is one statement by the writer of the letter, however, which could have only been made by one entirely unacquainted with the subject, and which we notice lest we should be considered as tacitly acknowledging its truth. The writer says, "as for wood, iron, and copper, and the ship's appendages, or cargo, containing infection, it is perfect absurdity; and if you had published my remarks on this point, or had attempted to refute them, it would have been of much more consequence and importance, than for wholesale assertions, when the experience of years proves conclusively, that there never has been infection in ship or cargo." We need hardly say that this statement is wholly untrue. There are numberless instances in which ships, having sailed from infected ports without the occurrence of a single case of yellow fever during the voyage, the disease broke out among the men engaged in discharging the cargo after her arrival. A remarkable example occurred in this very city. In the year 1819, the ship Ten Brothers arrived in Boston, from the coast of Africa, the crew having been well during the voyage. She remained a fortnight at quarantine, and then came up to the wharf. Immediately after her hatches were opened, a large portion of the crew, and other persons engaged on board, were taken with yellow fever. The fearful epidemic of Norfolk, Va., a year ago, is supposed to have originated in a similar manner. The steamer Ben Franklin arrived at that port, from St. Thomas, on the 7th of June, no case of the disease having occurred during the passage. She did not discharge till the 5th of July, and the fever broke out in less than two days afterwards, the first victims being among the crew of the steamer.

As to the language in which the writer of the letter expresses his dissent from our opinions, and the general character of his communication, we leave it to the judgment of a discriminating public. We have no reply to make to it.

THE LATE DR. TREADWELL'S WILL.

AN abstract of the will of the late Dr. John G. Treadwell, including the chief portions quoted in full, is contained in the *Daily Advertiser* of last Saturday, the editors having been favored with a perusal of the instrument, which was drawn up solely by the deceased, and written with his own hand. After the death of his mother, the bulk of his property goes to Harvard College, for the support of a "Teacher of Physiology and Structural Anatomy, the Laws of Life and Organization," who is to deliver sixty lectures annually, of one hour each, to the undergraduates. The lectures are to be of a practical character, "so that the hearers may understand, as far as is known, how they live and move and have their being." "The teacher shall have been an active practitioner of medicine or surgery, or both, for the term of ten years, at least," but after accepting his appointment "he shall not be permitted to practise medicine, surgery, or any department of the *healing art*, for pecuniary reward." The incumbent may deliver a course of not more than fifty lectures annually, in Boston, on Physiology and Structural Anatomy, with the consent of the Corporation if the income of the professorship be equal to twelve hundred dollars; otherwise, without their consent; but on no account is he to be allowed to lecture before "the Lowell Institute, Lyceums, or any similar establishment for amusing the public."

The professor is to be appointed on the recommendation of a board of examiners, one of whom is to be a resident of the County of Suffolk, another of either of the Counties of Essex or Middlesex, and the third of any other place. The candidates must bring evidence of their qualifications, of their amount of practice, &c., and submit their account books and records of cases, &c., to the examiners. The examination is to be preliminary and final, the final one occupying six hours for each candidate. On the day following the examinations, the candidates are to deliver oral lectures, which are to be open to the public, and at which any person may propound questions to be answered by the candidate. When the incumbent attains the age of sixty-five years he shall vacate his office.

"In case of the refusal of the College to accept their trust, or a neglect to comply with the conditions imposed upon them, the property goes to the Massachusetts General Hospital, in trust. The income in that case is to be applied to the support of such poor persons as need medical or surgical attendance, preference being given, other things being equal, to applicants from Salem. The income of \$5,000 to be appropriated to the library, and his books also, will go to the Hospital in case of the refusal of the College to accept them."

THE PENINSULAR JOURNAL AND DR. STORER.

THE editors of the *Peninsular Journal*, in reply to our article of the 4th August, state that they are unable to find the name of Mr. Perabeau in the "Catalogue of the Officers and Students of Harvard University for the academical year 1855-1856, first term," and add, "we state the fact, and leave the application to be made by those who take the trouble to read what we have written." The reason why the editors of the *Peninsular Journal* could not find the name is simply that they looked in the Academical Catalogue, which is published in September, and which consequently cannot contain the names of students attending the medical lectures of the *ensuing* winter. It is customary to publish in the general catalogue, for the first term, the names of the students of the preceding year, a separate catalogue of the medical students being printed in November. If the editors of the

Peninsular Journal will take the trouble of examining the "Catalogue of Students attending the Medical Lectures in Boston, 1855-56," a copy of which we have sent them by mail, they will find the name of Mr. Perabeau, and no doubt will do Dr. Storer the justice to acknowledge it.

AMERICAN MEDICAL JOURNALS.

It will, we think, be universally conceded, that the main objects of a medical journal are to afford a medium of expression to those whose communications are of real value, and which, consequently, advance medical science and the public weal; next, to be the archives for facts worthy to be treasured up for future reference; to prove the vehicle of question and answer upon the important topics of physiological, pathological, therapeutical and hygienic discoveries; to be the independent arbiter of professional literature; and, finally, to endeavor to unite, by a pleasant influence, all "good men and true" in the bonds of professional friendship. There are many collateral points, to which we need not refer; such will suggest themselves to every one. The chief uses of a periodical devoted to the exposition of the current questions of the day in medicine and surgery, are evidently those we have indicated.

Are these objects universally aimed at by the medical press of our country? Without censoriousness, we think not. It is remarked by excellent judges, that, if we have *more* newspapers in the United States than in European countries, we have fewer *good* ones. This is eminently true of medical journals. It is really a matter of astonishment to us how so many can be sustained; still more do we marvel at the not infrequent advent of new ones; *cui bono?* may well be asked. The truth is, that a *few* publications of this sort, faithfully conducted, and supported, as they ought to be, not only by a good subscription list, but by the pens of reliable and zealous scholars and practitioners, will effect more than hundreds "*got up*" for specious purposes, or by professional *cliques*; and which scramble desperately for a subsistence for a time, fill their pages with anything and everything, as starvelings are apt to do; live largely upon "*Selections*," and either die of inanition, or continue to "drag their slow length along."

In these days, it would seem that every school—nay, every *vagary* too, must have its "organ" in the shape of a journal. So we find all the "*pathies*," wrapped in blue or yellow covers, flinging themselves to the winds (especially those of *popular* favor) with erratic flight, like sickly and strange birds, wondrously ill-favored!

The remedy for this evil of *poly-journalism* is in the hands of the members of our profession; if they desire to have really good and flourishing media of communication and information, they have only to decree it, and it *must* be. Let them support with their influence, and with their *written contributions*, as well as with their purses, the truly scientific, honest and pains-taking journals we have amongst us; and others, not worthy of such epithets, will soon be shadows like the shadows they pursue; whether they are set up as special agents, or are "things of shreds and patches," receiving alike the contributions of the varying and opposing quackeries of this gullible age.

The free consideration of this subject, editorially, in our pages, may possibly be deemed open to animadversion; in view, however, of its importance, we waive any points of mere taste, and present what we believe to be *the truth*, to our readers.

Essays on the Physiology of the Nervous System.—It will be seen by an advertisement on another page that Dr. Benjamin Haskell's papers on the Nervous System have been published in pamphlet form. Our readers are familiar with most of these essays, which have appeared at different times in this Journal. The address before the Massachusetts Medical Society, last May, and an appendix on Hydrophobia, are added. Dr. Haskell is known as an enthusiastic and original investigator of the functions of the nervous system, and we commend his pamphlet to all who are interested in the subject.

American Pharmaceutical Association.—The annual meeting of this Association was commenced at Baltimore on the 9th inst. The following officers for the year were chosen on the 10th. For President, George W. Andrews, of Baltimore. Vice Presidents, J. L. Kidwell, Georgetown, D. C.; Frederick Stearns, Detroit; H. T. Kiensted, New York. Treasurer, James S. Aspinwall, New York. Recording Secretary, W. J. M. Gordon, Cincinnati. Corresponding Secretary, Wm. Procter, Jr., Philadelphia. Many scientific papers were read, some notice of which we hope to give next week.

Medical Schools at the South.—The number of matriculates in the Atlanta (Georgia) Medical College, for 1856, is stated, in the medical journal of that place, to be 105.—A new building for the New Orleans School of Medicine will be in readiness for the coming session; it is large enough to seat 250 students.—The class attending the last course of lectures at the Medical School in Charleston, S. C., numbered 220, and the graduates 86.—L. J. Robert, M.D., of Marietta, Geo., has been appointed to the chair of Physiology and Pathology in the Oglethorpe Medical College at Savannah, Geo.—The Medical Department of the University of Missouri has lately been separated from the University, and will hereafter act in an independent character. This has been brought about by the Board of Curators of the University, and probably is satisfactory to both parties.

Health of Boston.—The rate of mortality still remains at about the same level as during last week, and showing a strong contrast to that of the last year, the number of deaths being 106 against 89 of the corresponding week of 1855. The increased mortality this year is chiefly owing to cholera infantum, which occasioned 24 deaths. The number last year was 14.

Books and Pamphlets Received.—Lectures on Materia Medica and Therapeutics, delivered in the College of Physicians and Surgeons of the University of the State of New York, by John B. Beck, M.D. Prepared for the press by C. R. Gilman, M.D.—Physician's Visiting List for 1857.

DEATH.—July 1st, Dr. R. M. Porter, Professor of Anatomy in the University of Nashville, from the effects of a dissecting wound.—At Terra Haute, Indiana, in June last, Dr. C. W. Foxworthy, a graduate of the Miami Medical College.

Deaths in Boston for the week ending Saturday noon, Sept. 13th, 106. Males, 52—females, 54. Accident, 1—aneurism, 1—inflammation of the brain, 1—cholera morbus, 1—consumption, 10—cholera infantum, 24—croup, 2—dysentery, 14—diarrhoea, 2—dropsy, 1—dropsy in the head, 1—drowned, 2—debility, 1—infantile diseases, 5—epilepsy, 1—typhoid fever, 2—scarlet fever, 5—disease of the heart, 1—intemperance, 3—disease of the kidneys, 1—inflammation of the lungs, 5—marasmus, 4—measles, 1—old age, 1—palsy, 1—teething, 8—thrush, 2—unknown, 4—worms, 1.

Under 5 years, 63—between 5 and 20 years, 8—between 20 and 40 years, 15—between 40 and 60 years, 11—above 60 years, 9. Born in the United States, 79—Ireland, 25—other places, 2.

Rules for Restoring the Drowned.—By MARSHALL HALL, M.D., F.R.S.—The following Rules are the result of half a year's investigation of apnoea and asphyxia—a subject which I propose to prosecute still further, knowing that truth only comes of long-continued labor and research. I wish especially to put to the test of careful experiment the correctness of the dogma, that if the heart has once ceased to beat, its action can never be restored—a dogma calculated to paralyze our efforts in many cases in which hope may really not be *totally* extinct:—

1. Treat the patient instantly, on the spot, in the open air, except in severe weather, freely exposing the face, neck and chest to the breeze.

2. Send with all speed for medical aid, and for articles of clothing, blankets, &c.

3. Place the patient gently on the face, with one arm under the forehead, so that any fluids may flow from the throat and mouth; and, without loss of time,—

I.—*To Excite Respiration,*—

4. Turn the patient on his side, and—(i.) Apply snuff or other irritant to the nostrils. (ii.)—Dash cold water on the face previously rubbed briskly until it is warm. If there be no success, again lose no time; but,—

II.—*To Imitate Respiration,*—

5. Replace the patient on his face; (when the tongue then will fall forward, and leave the entrance into the windpipe free;) then,—

6. Turn the body gently, but completely, *on the side and a little beyond* (when inspiration will occur), and then on the face, making gentle pressure along the back (when expiration will take place), alternately; these measures must be repeated deliberately, efficiently, and perseveringly, fifteen times in the minute, only; meanwhile,—

III.—*To induce Circulation and Warmth,*—

continuing these measures,—

7. Rub the limbs *upwards*, with firm pressure and with energy, using handkerchiefs, &c., for towels.

8. Replace the patient's wet clothing by such other covering as can be instantly procured, each bystander supplying a coat, waistcoat, &c.

These rules are founded on physiology; and, whilst they comprise all that can be immediately done for the patient, exclude all apparatus, galvanism, the warm bath, &c., as useless, not to say injurious, especially the last of these; and all loss of time in removal, &c., as fatal.—*London Lancet.*

New Method for the Estimation of Iron in Urine.—Bocker proposes to estimate the quantity of iron in urine by means of a standard solution of hypermanganate of potash. To effect this object, he evaporates 100 cub. cent. of urine to dryness in a platinum dish, destroys the organic matter with nitric acid, dissolves the residue in pure muriatic acid, to which half a drachm of pure zinc has been added, and gently heats in a sand-bath. As much muriatic acid should be used as will dissolve the zinc. The solution is then filtered, and to the filtrate is added a standard solution of hypermanganate of potash from a burette until the fluid acquires a fine rose color. From the quantity of manganese solution employed for this purpose, the quantity of iron in the urine may be calculated. The zinc must be first tested by the same means to ascertain the quantity of iron present in it. This is then deducted from the total quantity of iron found in the urine. Bocker found by this method about .001 of iron in 100 cub. cent. of urine.—*Ibid.*

Effects of Digitalis on Generative Organs.—Mr. Brughmanns says, that if from 35 to 50 centigrammes of pulv. digitalis be given for five or six days, the most complete hyposthenizing effect is produced on the generative organs. He has thus given it with very great advantage to combat erotic excitement, whether due to excitable temperament, sedentary life, stimulant regimen, or the privation or excess of venereal pleasure, &c. He also finds it very useful in subduing the inflammatory accidents that so often accompany syphilitic diseases, and which may be prevented by its early administration. It is pre-eminently useful when phymosis or paraphymosis, chordee, epididymitis or adenitis are either present or feared.—*Med. Times and Gazette, from Rev. Med. Chir.*

Dr. Henry A. Ramsey, of Georgia, who was some time since indicted for attempting to commit a fraud upon the pension office, committed suicide whilst in jail in Sparta, Ala.